

04/03/01



ASSISTANT COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith for filing pursuant to 35 U.S.C. §111(a), is the patent application of

Inventor(s): Hidefumi Yoshida et al.

For: Viewing Angle Compensation Film and
Liquid Crystal Display

PATENT
File No.: 1324.65392
Date: April 3, 2001

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on April 3, 2001..

Express Label No.: EL 846224165US

Signature: David C. Cook

Enclosed are:

- (X) 143 pages of specification, including 57 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 89 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED and Assignment Recordation Form.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- () Information Disclosure Statement; Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document
- () PCT Request (Courtesy copy)

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 710.00
b) Independent Claims	<u>11</u>	-	<u>3</u>	=	<u>8</u>	x \$ 80.00 = \$ <u>640.00</u>
c) Total Claims	<u>57</u>	-	<u>20</u>	=	<u>37</u>	x \$ 18.00 = \$ <u>666.00</u>
d) Fee for Multiple Claims						\$270.00 = \$ <u> </u>
Total Filing Fee						\$ <u>2,016.00</u>

- (X) A check in the amount of \$ 2,016.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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